



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 2808 Rustic Manor Ct
City: Columbia State: MD Zip Code: 21738
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Gwynndyl Oak Estate
Section: _____ Area: _____ Lot: 15
Tax Map: 0014 Parcel: 0123 Grid: 0011
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD w/ Detached
Proposed Use: SFD w/ Detached cabana roof
Estimated Construction Cost: \$ 15000
Description of Work: Construct 18'x13'x8' roof structure over bar area of pool.

Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor: _____ 2 nd floor: _____
Area of construction (sq. ft.):	Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement
Use group:	<input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab on Grade
<u>Construction type:</u>	No. of Bedrooms: _____
<input type="checkbox"/> Reinforced Concrete	<u>Multi-family Dwelling</u>
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____
<input type="checkbox"/> Masonry	No. of 1 BR units: _____
<input type="checkbox"/> Wood Frame	No. of 2 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Anthony Beside
Address: 2808 Rustic Manor Ct
City: Columbia State: MD Zip Code: 21738
Phone: 443-630-0905 Fax: _____
Email: Tony home visions @ Yahoo. com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Utilities
<u>Water Supply</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Grading Permit Number:</u>
<u>Building Shell Permit Number:</u>

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Tony home visions @ Yahoo. com
Email Address: _____
Title/Company: _____

Print Name: _____
Date: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>2/22/18</u>	<u>Diana B...</u>

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

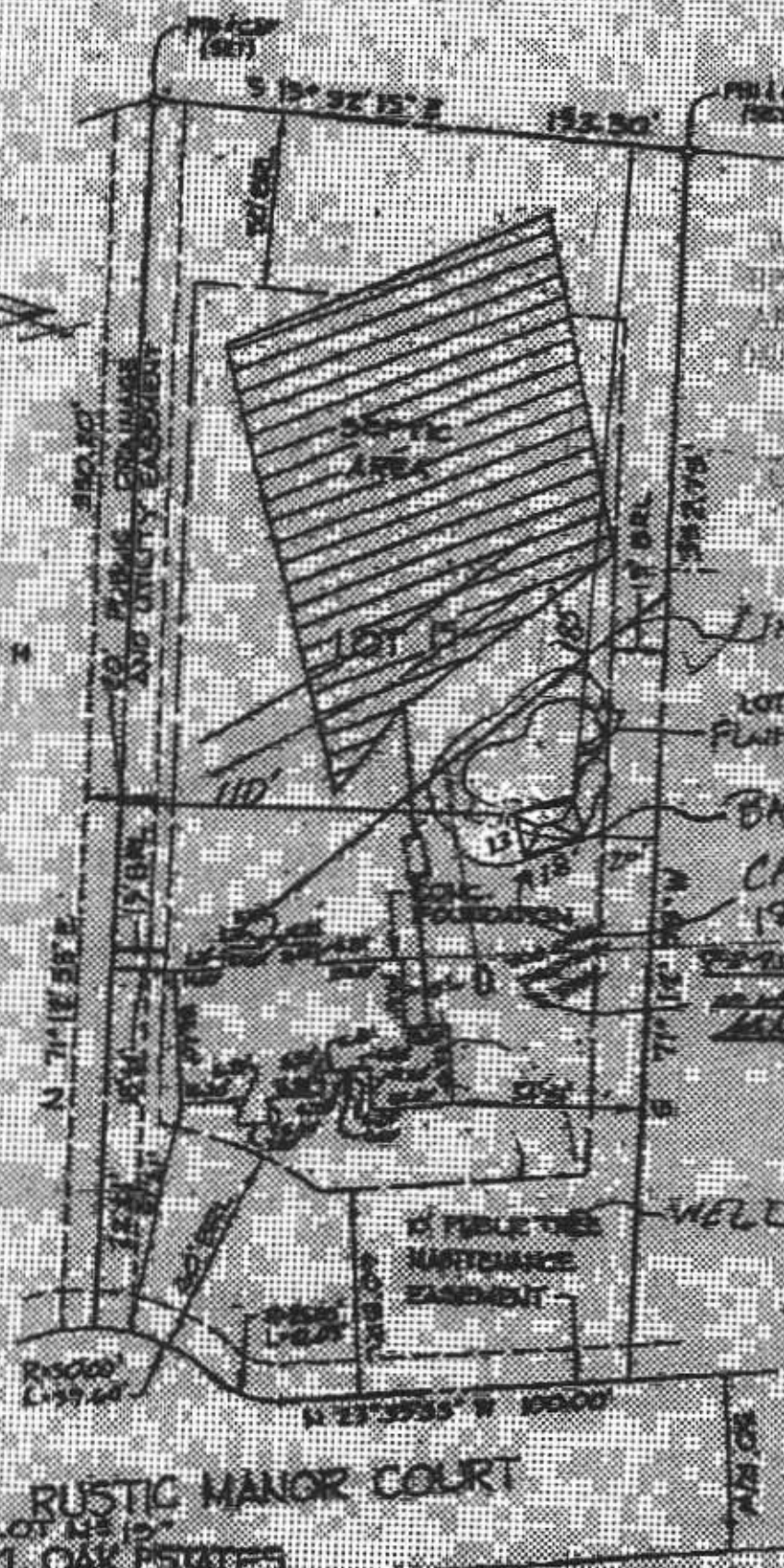
Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

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Health Dept. 8930 Stanford Blvd. Columbia



APPROVED
 VALUATION BUILDING PERMIT
 DATE 12-18
 of Paul
 Approved On 1/10/07

RUSTIC MANOR COURT
 LOT 15
 GWINDYL OAK ESTATES
 LOTS 1-40 AND
 PARCELS A, B, C AND D
 P.B. NO. 11550

THE SIGNATURE OF THE ARCHITECT OR ENGINEER IS REQUIRED FOR ALL BUILDINGS AND STRUCTURES AND FOR THE DESIGN OF ALL UTILITIES. THE SIGNATURE OF THE ARCHITECT OR ENGINEER IS REQUIRED FOR ALL UTILITIES. THE SIGNATURE OF THE ARCHITECT OR ENGINEER IS REQUIRED FOR ALL UTILITIES.

50 SCALE